PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number					
Effective October 1, 2003 Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LLE	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS			34				RA	TE	FĘE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			36 minus 20=		-16		XS	xs 9= 144		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		· 2		X4	X43= & 6		1	X86=			
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+145=		OR	+290=				
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				TO		AIS	OR	TOTAL			
CLAIMS AS AMENDED - PART II									0.7		OTHER	THAN		
		(Column 1)		(Colur	(Column 3)	SM	ALL	ENTITY	OR	SMALL	NTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DM	Total	. 10	Minus	-30	0	=	x\$	9=		OR	X\$18=	·		
ME	Independent	. 4	Minus	*** 6	>	=	X4	3=		OR	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPEN			ENDENT	CLAIM		+14				+290=			
										OR.	TOTAL			
	. :	ADDIT	FEE.		OR	ADDIT. FEE								
·			(Colur HIGH		(Column 3)	ı —	·	ADDI-].		ADDI-			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	FIA.	TE	TIONAL FEE		RATE	TIONAL		
DME	Total	*	Minus	**	· <u>- </u>	=	X\$	 9=		OR	X\$18=			
MEN	Independent	*	Minus	***		=	X4:				X86=			
٧	FIRST PRESENTATION OF MULTIPLE DEPE				CLAIM					OR				
						+14	5=		OR	+290=				
	AI AI							OTAL FEE	·	OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	*	Minus	**	: '	.	X\$	9=		OR	X\$18=			
ME	Independent	ŧ	Minus	***		2	X43	}_			X86=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	7.55	 .		
											+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE			
		mber Previously Pain hber Previously Pain					r found in t	he ap	propriate box	in co	lumn 1.			